

One of many strengths of Thomson's research is that he makes explicit that which we have intuited, observed, and experienced. First, he analyses those specific socio-economic and political factors which have influenced legislation such as the Abortion Act and the Human Fertilisation and Embryology Act. For example, he questions how conceptions of the aborting woman as "angel or witch, wearied mother or feckless girl, tired housewife or tart" impacted on abortion policies (page 69). Second, he scrutinises industrial fetal policies which maintain traditional sexual divisions. Third, he considers how the image and the concept of the fetus has grown in the abortion debate, eclipsing the primacy of the woman's status.

A few examples will demonstrate the flavour and complexity of Thomson's analysis. The creative references include Peter Greenaway's film *The Life of Macon*, in which Greenaway reflected upon the sacred and profane power of the iconography of the fetus/child. Margaret Atwood's novel, *The Handmaid's Tale*, is mined for insights regarding the "fable warning of the present day objectification of woman as reproducers", which is relevant to the industrial fetal protection analysis. The "monstrous" conception of the female body, as imagined in Mary Shelley's *Frankenstein*, has contemporary resonance for Thomson: "The female is an object both of desire and of fear, sexual fascination and horror. These associations, of desire and fear, of the monstrous and the necrophilial, have, importantly, been clearly retained and developed within the *Frankenstein* of film" (page 174).

Thus, Thomson draws from vastly diverse disciplines to illustrate his central thesis; this thesis is relevant for those who contemplate medical ethics because we must acknowledge the powerful ways in which gender influences new reproductive technology and the intervention in the female body more generally.

Thomson provides a balanced analytical approach, which is comprehensively referenced, finely nuanced and eclectic. Consequently, this publication is informative and provocative. Thomson's research is entirely relevant to those medical and legal professionals who rise to the challenge of reflecting upon the social consequences of their own practices and professions.

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## Reforming Healthcare by Consent: Involving Those who Matter

Edited by Tom Ling, Abingdon, Radcliffe Medical Press, 1999, 235 pages, £22.50.

This book is a collection of essays reflecting on the influence and engagement of users in health care development. The word collection feels appropriate here as the essays are very disparate, and without connection, cross-referencing or theming. There are very short chapters (a delightful one by Roy Lilley is only three pages long) but others are many pages long with few subheadings, diagrams or pictures to relieve the reader. (I have to admit like Alice to not enjoying books that "have no pictures or conversation".)

Such is the speed of change in the National Health Service (NHS) that any publication will inevitably be out of date by the time it is published. The introduction acknowledges that the creation of the book has taken a number of years. This is very evident. Some chapters were written after the changes to the NHS were announced in December 1997, but others seem to have been written long before that. We are embarking on a radical change to the NHS and the message from the book is that health care consumers must influence the shape of services. Although the book was published in 1999 and therefore the demise of general practitioner (GP) fundholding was only weeks away, the mention in the first chapter both of fundholding and family health services authorities (which were written out of the NHS several years ago), and only a passing reference to primary care groups in the rest of the book, detracts from that message.

This book does not fully make the case for the ethical imperative of consumer involvement in every corner of health care policy and practice. Many areas are tackled but there are gaps. There is a large endeavour to involve consumers in the whole research agenda, still in its infancy, but this is not mentioned. Nor is the importance of involving consumers in quality (nowhere are the words "clinical governance" mentioned). The tumultuous fallout of the General Medical Council (GMC) hearing of the Bristol doctors is touched on presciently by a couple of authors. But the implica-

tions for the relationship between professional and user is not addressed, and there is no mention of the Bristol hearing or its repercussions. It would have also been valuable to have had an international perspective on what is a global issue.

Having said that, there are some wonderful chapters that absorb, challenge and inform. I found the chapters on the role of the pharmaceutical industry and its relationship to the public, Let the industry talk to patients, and the chapter on the lack of consumer involvement in information technology (IT), particularly thought-provoking. But with the rather unsystematic approach to a diverse range of issues, you will have to dig deep for gems.

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## The Birth of Bioethics

Albert R Jonsen, New York, Oxford, Oxford University Press, 1998, 431 pages, £37.50 (hb).

What is bioethics? Is it a discipline in its own right or a sub-field of other disciplines such as philosophy, law or theology applied to moral problems in health care? Perhaps the best way to approach this question is to see it as an academic discipline which represents a way of doing ethics somewhere between the logic of moral philosophy and the exigencies of practical policy. Albert Jonsen has written what appears to be the first broad history of bioethics, covering its origins and evolution between 1947 and 1987. According to Jonsen it emerged as a distinct discipline during the 1960s, when various scholars migrated from academic subjects such as law, philosophy and theology, and developed new ways of viewing the traditional ethics associated with medicine. At present bioethics has three professional associations with over 1,000 members and almost 200 centres. Jonsen notes that over 3,500 books and articles on bioethics have been listed. Bioethicists are in great demand by governments and the media, and bioethics commissions and conferences are to be found throughout the world.

In this detailed and widely researched history Jonsen portrays the driving force behind the development of bioethics as the steady accumulation of public concern with the ambiguities generated by scientific develop-